



HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Ogawa	Robert	T.	521-4265
MAILING ADDRESS (Street)			FAX
1188 Bishop St., Ste. 3105			545-8369
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		
Spectrum Health Systems		
TELEPHONE		
(508) 792-5400		
MAILING ADDRESS (Street)		
10 Mechanic Street, Suite 302		
FAX		
(508) 831-0074		
(City)	(State)	(Zip Code)
Worcester	MA	01608
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		
Robert T. Ogawa		
TELEPHONE		
MAILING ADDRESS (Street)		
see above		
FAX		
(City)	(State)	(Zip Code)

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	_____

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

*Ronald J. Ogawa*  
(Signature of Lobbyist)

1-25-05

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<u>Charles Faris</u>		<u>President</u>	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<u>see page 1</u>			
MAILING ADDRESS (Street)		FAX	
(City)	(State)	(Zip Code)	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u><i>Charles Faris</i></u> (Signature of Authorizing Officer or Person Represented)		<u>10/25/04</u> (Date)	